

Fig 1

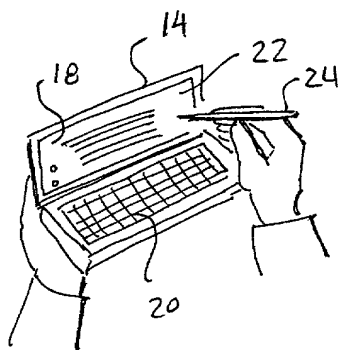


Fig 2

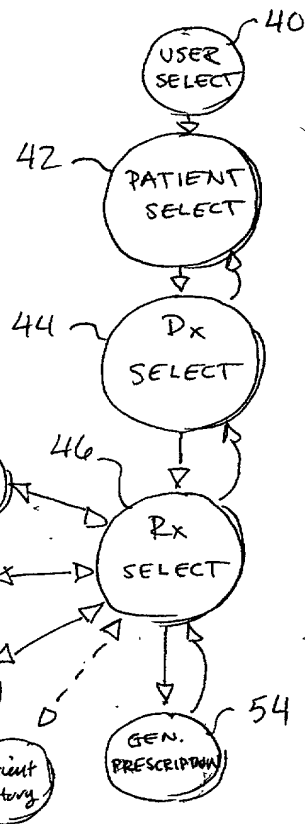


Fig 3

DR	PATIENT	Dx	Rx

Fig 4

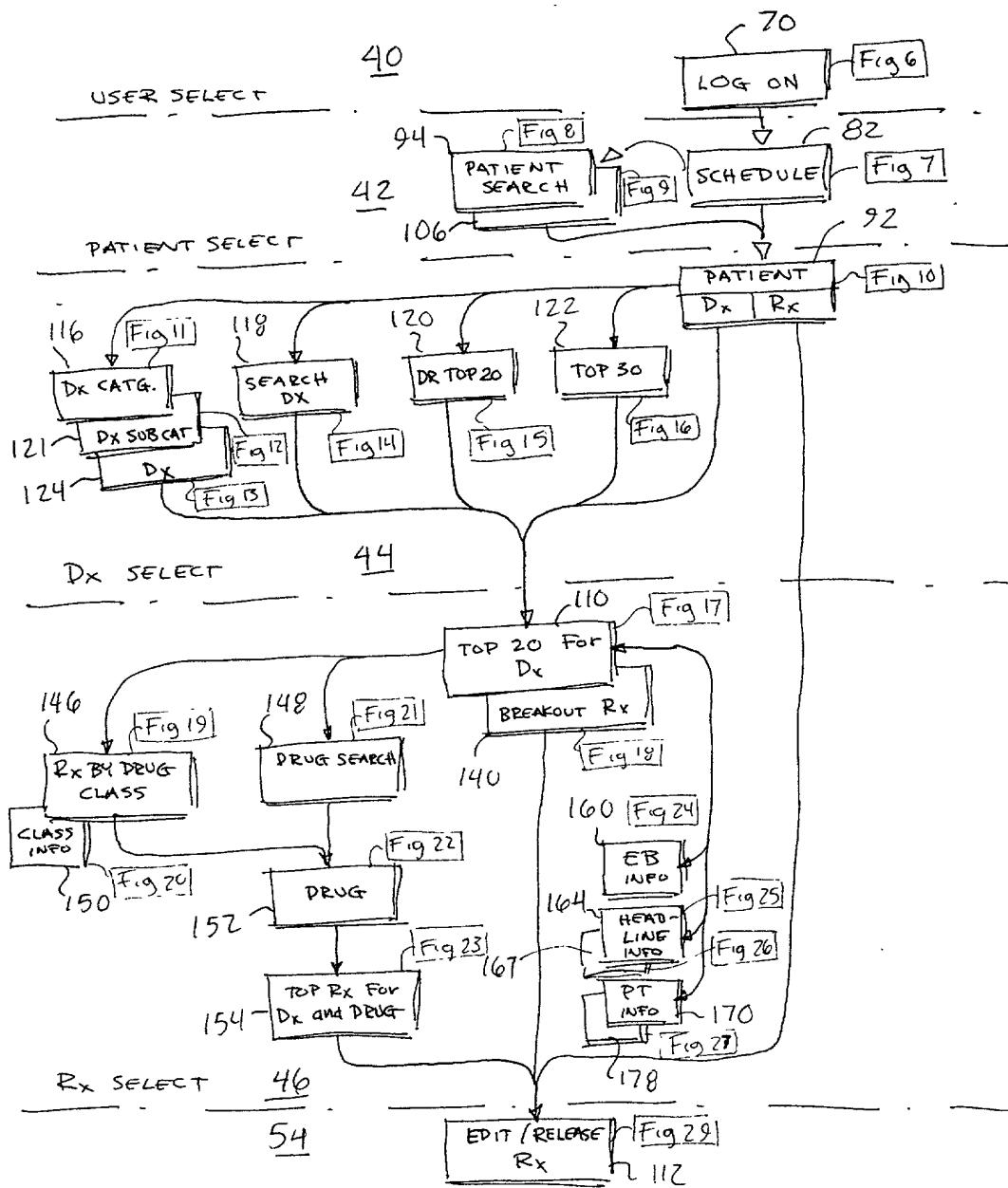


Fig. 5

70 ↗

Prescribing User Logon - Welby Medical -

Select your facility and user id from the list below, then enter your WELLinx password

72 Facility: Welby Medical Group

78 User ID: MARCUS WELBY

Passwd: []

Location: Southwest Clinic

Logon []

76 80 74

Fig 6

82 ↗ 88 93 90

[Refresh](#) [Pl Search](#) [Logout](#)

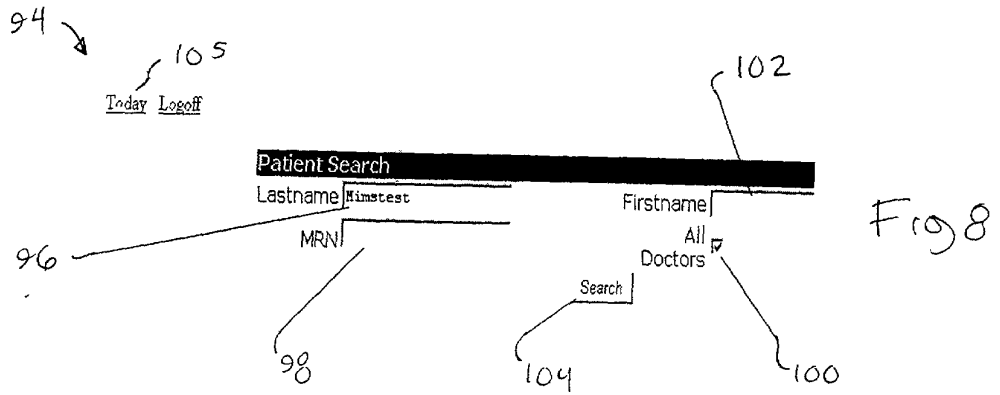
Select Patient - 10 Patients found for today

09 00	WELLINX, DAVID	13 00	MILLER, ELLEN
09 30	ADAMS, LORRAINE	13 30	JOHNSON, SHARON
10 00	SMITH, PATRICIA	14 00	LEE, KEVIN
10 30	DAVIS, ROGER	15 00	ANDERSON, JAMES
11 00	OLSON, MICHAEL	15 30	JEFFERSON, SCOTT

86 ↗ 84 ↗

Fig 7

1040 696969



106 → 111 108

Today Pt Search Logoff Back

Patient Search Results

MIMSTEST	ARTHUR	L	200441	F	1947-05-22
MIMSTEST	DAVID	J	200409	M	1947-05-22
MIMSTEST	EUGENE		49718	M	1947-05-22
MIMSTEST	GERALDINE		213815	F	1939-12-21
MIMSTEST	GWEN		187885	F	1999-05-22
MIMSTEST	LAURA	M	249378	F	1994-02-25
MIMSTEST	NETTIE		200647	F	1922-04-06
MIMSTEST	PAMELA	K	15491	F	1919-05-22

8 Patients Found

Today Pt Search Logoff Back

Fig 9

121

123

Today Pt Search Logoff

Back Search Cancel

Diagnosis SubCategories: NeurologyEpilepsy & SeizuresMovement & TremorsHeadacheNerve DiseasesInfectionOther NeurologyMentationSymptoms and Vagueness

Today Pt Search Logoff

Back Search Cancel

Fig 12

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126

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Today Pt Search Logoff

Back Cancel

Diagnosis Description: Neurology : Headache

346.00 CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE
346.01 CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED
346.10 COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE
346.11 COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED
346.80 MIGRAINE NEC/NOT INTRCBL
346.91 MIGRAINE, UNSPECIFIED, W/INTRACTABLE MIGRAINE
346.90 MIGRAINE, UNSPECIFIED, W/O MENTION OF RETRACTABLE MIGRAINE
346.81 OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED
310.2 POSTCONCUSSION SYNDROME
625.4 PREMENSTRUAL TENSION SYNDROMES (PMS)(MENSTRUAL MIGRAINE)
349.0 REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)
307.81 TENSION HEADACHE
047.9 UNSPECIFIED VIRAL MENINGITIS
346.21 VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)
346.20 VARIANTS OF MIGRAINE-NOT INTRACTABLE (CLUSTER HEADACHE)

Today Pt Search Logoff

Back Cancel

Fig 13

10/10/10 09:53:55

118

[Today](#) [Pt Search](#) [Logoff](#) [Help](#)

Diagnosis Search

Search Keyword |

☐ Diagnosis Description Long Search

☐ Diagnosis Description

☐ ICD9 Code

[Back](#) [Submit](#) [Cancel](#)

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Fig 14

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[Today](#) [Pt Search](#) [Logoff](#)

[Back](#) [Search](#) [Cancel](#)

Doctor Top 20 Diagnoses

[HTN UNSPEC](#)

[KNEE PAIN](#)

[CRAMPS IN LIMB](#)

[FLU VACCINE](#)

[PNEUMOVAX/PREVNAR VACC](#)

[POSTMENOPAUS HORMONE RX](#)

[LAB EXAM](#)

[INSOMNIA NOS](#)

[ROUTINE MEDICAL EXAM](#)

[LIPOID METABOL DISORD NOS](#)

[DIARRHEA](#)

[SCREEN FOR PROSTATE CA](#)

[LONG TERM USE OF HI RISK RX](#)

[CVA](#)

[SHOULDER PAIN](#)

[LONG TERM USE OF ANTICOAG](#)

[SKIN LESION BENIGN NOS](#)

[SCREEN FOR RECTAL CA](#)

[OBESITY MORBID](#)

[IRRITABLE BOWEL SYNDROME](#)

[Today](#) [Pt Search](#) [Logoff](#)

Fig 15

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Fig 16

Today Pt Search Logoff

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Top 30 Diagnoses

<u>A Fib</u>	<u>Depression</u>	<u>Low Back Pain</u>
<u>Allergic Rhinitis Unspec</u>	<u>Diabetes</u>	<u>Malaise Fatigue</u>
<u>Anemia</u>	<u>Dizziness</u>	<u>Neck pain</u>
<u>Anxiety</u>	<u>DJD UNS</u>	<u>Otitis Media acute</u>
<u>Asthma Extrinsic w/o Se</u>	<u>Edema</u>	<u>Pharyngitis acute</u>
<u>BPH</u>	<u>GERD</u>	<u>Rash</u>
<u>Bronchitis acute</u>	<u>Headache</u>	<u>Sinusitis Acute Unspec</u>
<u>Chest Pain UNS</u>	<u>HTN Benign</u>	<u>Tobacco use</u>
<u>CHF</u>	<u>Hyperlipidemia</u>	<u>URI</u>
<u>COPD</u>	<u>Hypothyroid primary</u>	<u>UTI</u>

Today Pt Search Logoff

Back Search Cancel

110

162

144

142

166

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)

PT Info

EB Info

	Drug/Dosage Name	Price	SIG	Qty	Refills	PRN	
Diuretics and beta blockers are first line therapy							
Edit	ENALAPRIL (Vasotec) 10MG TABLET		1 QD	90	3	N	Drug Info
Edit	HCTZ (HydroDiuril) 25MG TABLET		1 QD	30	11	N	Drug Info
	+ ATENOLOL (Tenormin)						Drug Info
	+ CAPTOPRIL (Capoten)						Drug Info
Edit	TRIAMTERENE/HCTZ 25/37 5MG TABLET		1 QD	90	3	N	Drug Info
Edit	ENALAPRIL (Vasotec) 20MG TABLET		1 QD	90	3	N	Drug Info
Edit	METOPROLOL SUCCINATE (Toprol XL)		1 QD	30	11	N	Drug Info
Edit	+ METOPROLOL 50MG TABLET	10	1 BID	60	11	N	Drug Info
Edit	+ LOPRESSOR 50MG TABLET	10	1 BID	60	11	N	Drug Info
Edit	DILACOR XR 120MG CAPSULE SA		1 QD	90	3	N	Drug Info

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

145

Fig 17

10440" 6562560

140 ↘

Fig 18

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

Top Rx for 401.1 : BENIGN ESSENTIAL HYPERTENSION (HTN)						PT Info	EB Info
	Drug/Dosage Name	Price	SIG	Qty	Refills	PRN	
Diuretics and beta blockers are first line therapy							
Edit	+ TENORMIN 50MG TABLET	10	1 QD	30	11	N	Drug Info
Edit	+ ATENOLOL 50MG TABLET	10	1 QD	30	11	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	90	3	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	100	3	N	Drug Info
Edit	ATENOLOL 100MG TABLET		1 QD	30	11	N	Drug Info
Edit	TENORMIN 100MG TABLET		1 QD	90	3	N	Drug Info

Today Pt Search Logoff

Select Rx by Class Search for other Drug Cancel

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Today Pt Search Logoff

Cancel Search for Other Drug

Drug Classes

Diagnosis 348.00 . CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

EB Info

Acetaminophen	1	Class Info
+ Analgesic adjuncts	3	Class Info
+ Beta Blockers	5	Class Info
Calcium Channel Blockers	1	Class Info
GI-Prokinetic	1	Class Info
Headache - ergots	3	Class Info
Headache - other	8	
Headache - triptans	5	Class Info
+ NSAIDs	22	Class Info
Narcotics - Mild	8	Class Info
Salicylates	2	Class Info

Today Pt Search Logoff

Cancel Search for Other Drug

Fig 19

T040410 09032000

1507

Fig 20

ANALGESIC MEDICATIONS

Highlights

- Ultram 100mg = Tylenol 1000mg as effective than ibuprofen 400mg [More info](#)
- Tramadol is less effective than $\frac{1}{4}$ in acute pain [More info](#)
- Reasons to avoid Demerol [More info](#)

Contents

[Treatment options](#)[Acetaminophen](#)[Salicylates](#)[NSAIDs](#)[NSAID COX 2 Inhibitor](#)[Lower potency narcotics](#)[Stronger narcotics](#)[Adjunctive medications](#)[Websites](#)

Treatment options (refer to information presented in following sections for efficacy and dosing information)

Mild Pain - Acetaminophen, Salicylates, NSAIDs, Adjuvant Medications (selected situations such as neuropathic pain)

Moderate Pain - All of the above as well as weak opiate/opioid drugs (i.e. codeine, oxycodone)

Severe Pain - Strong Opiate/opioids (i.e. morphine, hydromorphone, levorphanol) +/- all of the above

- Chronic, continuous pain warrants use of scheduled administration times instead of prn dosing, and use of extended release analgesic preparations
- Immediate release (IR) dosage forms are appropriate for treatment of acute or episodic pain, or to improve analgesia during breakthrough pain
- NSAIDs in combination with opioids may be helpful for pain resulting from bone metastases
- Corticosteroids (i.e. dexamethasone) may be helpful for situations involving nerve compression or increased intracranial pressure
- Antidepressants and anticonvulsants have been used in neuropathic pain

1487

Fig 21

[Today](#) [Pt Search](#) [Logoff](#)

Drug Search

Drugs

☒ Brand or Generic (common meds only)

☐ Brand Name only (all meds)

☐ Drug Class

1487 06032000

Fig 22

Back Search for Other Drug Cancel

Diagnosis 346.00 : CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

Drug Info

Back Search for Other Drug Cancel

Fig 23

Back Search for Other Drug Cancel

Diagnosis 346 00 · CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGR

Drug Info

[Back](#) [Search for Other Drug](#) [Cancel](#)

1607

Fig 24

Primary Headache Disorders

Highlights

- Tailor migraine Rx to severity of headache or prior response [More info](#)
- Use abortive therapies no more often than twice weekly to prevent chronic daily headaches [More info](#)
- NSAIDs and Excedrin Migraine are first line for patients with mild-moderate migraine [More info](#)
- Use migraine-specific agents (triptans, DHE, ergotamine) in patients with more severe headaches or if unresponsive to NSAIDs and OTC analgesics [More info](#)
- Diclofenac K⁺ Equal efficacy but less nausea than sumatriptan 100mg [More info](#)
- NSAID/metoclopramide as effective as oral sumatriptan for moderate-severe migraine [More info](#)

Contents

Clinical features

Diagnosis

Medication overuse headache/rebound headache

Non-drug therapy

Dosage form selection for migraine

Abortive Therapy Table

Abortive Therapy Guidelines

Comparative studies of abortive drugs

Migraine Prophylaxis

Migraine Patient Talking Points

Treatment of tension-type headache

Treatment of cluster headache

Guidelines on the web

Triptans

Dihydroergotamine (DHE)

Patient Information

Clinical features (adapted from Mayo Clin Proc 1996;71:1055)

Feature	Migraine*	Tension-type headache	Cluster headache
Prevalence	Common	Common	Rare
Aura	Present in 15%	None	None
Site of pain	Hemicranial, bilateral	Bilateral, occipital, frontal	Unilateral, frontotemporal, periorbital

1647

Fig 25

163

- Diclofenac potassium: Equal efficacy but less nausea than sumatriptan 100mg (Anon. Cephalgia 1999;19(4):232-40). Diclofenac potassium 50mg costs less than sumatriptan 100mg (less than \$2 vs \$34).
- ASA 800mg plus metoclopramide 10mg (<\$2) as effective as sumatriptan 100mg (\$32) in the treatment of moderate-severe migraine (Tfelt-Hansen P. Lancet 1995;346:923-26) (Anon. Eur Neurol 1992;32:177-84)
- **SC sumatriptan associated with more headache recurrence than DHE nasal spray.** Sumatriptan 6mg SC provided better relief of headache and associated symptoms than DHE nasal spray 1mg, however headache recurred more commonly after treatment with sumatriptan (31% vs 17%). Because the dose of DHE used in this study is below the recommended dose of 2mg, it is difficult to compare the efficacy for headache relief (Touchon J. Neurology 1996;47:361-5). Patients with long duration headaches may benefit from intranasal DHE.
- **Oral sumatriptan more effective than ergotamine/caffeine, but has higher recurrence rate.** In a RCT involving 486 patients, improvement in pain at 2 hours occurred in 66% of patients treated with oral sumatriptan vs 48% of patients treated with a combination of ergotamine and caffeine (Cafergot®). However, headaches recurred in 41% in the sumatriptan group, compared to 30% of the ergotamine/caffeine group. Side effects were comparable (Anon. Eur Neurol 1991;31:314-22).

Migraine Prophylaxis

- General information
- Guidelines
- Drug table

1677

Fig 26

Acute treatment of migraine attacks: efficacy and safety of a nonsteroidal anti-inflammatory drug, diclofenac-potassium, in comparison to oral sumatriptan and placebo

Anon. Cephalalgia 1999,19(4):232-40

Study design: Double-blind, cross-over RCT in 156 adults with migraine +/- aura (2-6 migraines/month)

Intervention: diclofenac-K 50mg vs diclofenac-K 100mg vs sumatriptan 100mg vs placebo (all patients received all four treatments over a period of 3 months)

Results: Headache pain 2 hr after dosing (based on VAS): both doses diclofenac and sumatriptan superior to placebo, diclofenac 50mg=100mg, both doses diclofenac=sumatriptan. Active treatments equally effective to each other and superior to placebo over 8 hour observation period. Significant pain relief occurred at 60 min with diclofenac vs. 90 min with sumatriptan. There was no difference between active treatment groups in the use of rescue medication (36% vs 41%). There was no difference between groups in rate of headache recurrence (22-24% for diclofenac, 26% for sumatriptan, and 19% for placebo), however the increased use of rescue medication in the placebo group could have confounded these results. At 2 hr after dosing, there was less nausea in diclofenac groups compared to sumatriptan and placebo groups (22-27% vs 41-43%). At 8 hr after dosing, there was less nausea in the diclofenac and sumatriptan groups compared to placebo (diclofenac 15-19%, sumatriptan 28%, placebo 39%). At 2hr after dosing, there was less vomiting in the diclofenac and placebo groups compared to the sumatriptan group (2hr: 3-7% vs 13%). At 8hr after dosing, vomiting was decreased in the diclofenac groups compared to sumatriptan (2-4% vs 10%). More adverse events occurred in the sumatriptan group compared to the other groups (31% vs 12-18%), however there was no difference in the rate of discontinuation due to adverse events. Dizziness, paresthesia, asthenia, and tachycardia appeared to occur more commonly in the sumatriptan group.

Comments: Severity of migraines and some pertinent baseline characteristics (i.e. number of headaches treated, use of prophylactic medications) not described. Did not report % of patients with relief of headache pain.

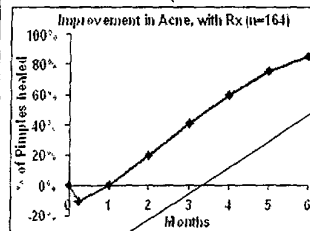
Conclusion: This study demonstrated equivalence of diclofenac-K and high-dose sumatriptan for headache relief, with a slightly faster onset for diclofenac. Nausea and vomiting were reduced in the diclofenac groups compared to the sumatriptan group.

Return to Topic

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Fig 27

Talking Points with Patients



The patient educational handouts emphasize the following points

1. It is important to guide expectations at the outset, to allow 6 months for medications to work. This figure is of 164 pts treated with tretinoin or tretinoin and oral minocycline. In time, most patients achieve successful outcomes. But those patients who cannot accept the need to wait 3 to 5 months for results will usually be disappointed. Adapted from Cunliffe, WJ J Eur Acad Derm 1992; 1 43-52 and Katsambas et al Acta Derm Vener 1989 S143 35-9
2. Stress compliance with Rx in light of anticipated initial worsening
3. Discourage excessive washing/scrubbing of face. Medicated soaps are a waste of money

Printable flow sheet for chart:

Print

- 172 -
- ✓ Acne Lesion Flow Sheet (1 page) provides a quantitative objective scoring system for assessing acne
 - ✓ Acne Disability Questionnaire (1 page) attempts to authentically represent the importance of a patient's acne to him or her
 - ✓ Acne Patient Handout (4 pages) describing the disease and general treatment options
 - ✓ Acne Patient Handout (7 pages) includes Rx's

Other Internet Links of value:

- 174 -
- ✓ <http://www.skincare.com/info/accutane.htm> A link to patient information about isotretinoin (Accutane)
 - ✓ <http://www.rocheusa.com/products/accutane/pi.html> A link to the Roche website about Accutane. It contains the patient consent form for starting isotretinoin, along with information for the patients about side effects
 - ✓ <http://www.fda.gov/cder/drug/infopage/accutane/default.htm> A link to the FDA's Accutane Information Website

Print Now

178 7

F.g 28

PATIENT CONSENT FORM:

To be completed by the patient, her parent/guardian* and signed by her prescriber.

Please read each item below and initial in the space provided to indicate that you understand each item and agree to follow your prescriber's instructions. **DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND.** A parent or guardian of a minor patient must also read and understand each item before signing the consent.

1. I, _____
(Patient's Name)
understand that Accutane is a very powerful medicine with the potential for serious Adverse Effects that is used to treat severe nodular acne that did not get better with other treatments including oral antibiotics
INITIALS: _____
2. I understand that I must not take Accutane (isotretinoin) if I am pregnant. I understand that I must not take Accutane if I am able to become pregnant and I am not using the required two separate forms of effective methods of birth control
INITIALS: _____
3. I understand from my prescriber that although not every fetus exposed to Accutane has resulted in a deformed child, there is an extremely high risk that my unborn baby could have severe birth defects if I am pregnant or become pregnant while taking Accutane in any amount even for short periods of time. Potentially any fetus exposed during pregnancy can be affected.

112 7

184 F.g 29 186

New Rx for Same Dx **Rx Complete** Cancel

Rx for DAVID WELLINX by MARCUS WELBY

Drug	HYDROCHLOROTHIAZIDE 25MG TAB	Substitution Permitted
Dose	1 TABS (ORAL)	Frequency QD
Dispense	30 EA	Refill 11
Instructions		Fill Method PRN Indic
		<input checked="" type="checkbox"/> Fax <input type="checkbox"/> In Office <input type="checkbox"/> Other

180 182

1040-699280

29

Dx	Dx Descript.	Major Cat.	SUB Cat	DWST

Fig 30

171

DWST	HEADLINE	ES INFO	Pt Info	REV

Fig 31

11

Pt	Dx	Prescription Details	STOP REASON

Fig 32